State of Idaho

Ben Ysursa Secretary of State

LOBBYIST ANNUAL REPORT FORM

To Be Filed By:

LOBBYISTS (Sec. 67-6619) $\begin{array}{c} Page_ of __Page(s) \\ \text{THIS SPACE FOR OFFICE USE ONLY} \end{array}$

05 JAH 27 PH 4: 21

(Type or print clearly in black ink)

See instructions	at bottom of page								
Lobbyist's name and permanent busine	ess address		Date prepared			Period covered			
Clinton E. Min					year ending				
Clinton E. Min P.D. Box 9036			{	15/05					
7 7 03	207		1			1 1 1	(Yr.)		
Boise ID 83	70.					12 31 0	54		
Item 1 Totals of all reportab	le expenditures made or	r incurred by Lob	byist or by	Lobbyist's Empl	oyer on behalf o	of Lobbyist's Employer	:		
Category of Expenditure Reimbursed Personal Living and Travel	* Total Amount for		mounts contributed by each employer (Identify employers, under						
Expenses Pertaining to Lobbying Activity	All Employers	Item 3, at botton			T				
Do Not Have to be Reported	~	Employer No). 1 I	Employer No. 2	Employer N	Io. 3 Employer I	¥0. 4		
Entertainment Food and Refreshment	s <u>A</u>	\$	\$		\$	\$			
Living Accommodations			_						
Advertising	- P		_						
Travel			_						
Telephone			_						
Other Expenses or Services			_						
Total	s _Ø	\$	\$		\$	\$			
*When the number of employers	You are reporting for requ	 ires multiple L-2 for	rms to be fil	ed a total amount fo	 or all employers sh	ould be entered on Page 1			
Item The totals of each expend									
2 Date	Place	A	mount	Names	of Legislators & P	ublic Officials in Group			
Ø					POSTED				
Continued on attached page(s)		1		I					
			Item	Fr	nnlover(s) Name(s	s) and Address(es)			
INST	RUCTIONS		3						
Who should file this form: A	ny lobbyist registered u	ınder Section	No.1	1.1.10	Hery Pio	018 ID83	- -		
67-6617 Idaho Code.				dans -	D	01821082	70 1		
Filing deadline: Annual repo	No.2								
TO BE FILED WITH:									
B Secre	No.3								
PO									
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282									
1 Hone. (200) 334-	No.4								

								,		
Item 4	I namonal meanaght to any I agislator, or for or on habalf of any lagislator									
	Date Amount			Name of Legislator Receiving or Benefited						
Item 5	or Ho	use Bill,		tion, the number of the Senate r legislative activity in which	Cod	LEGISLATIVE SUB		IDENTIFICATION Subject		
CL'		-			01	Agriculture, horticulture,	17	Health service, medicine, drugs		
(from	table)	,	solution or Other ive Ident. Number	Appropriation Bill Number and Section Number		farming, and livestock		and controlled substances, health		
			-		02	Amusements, games, athletics and sports	18	insurance, hospitals Higher education		
2		Neu	er S'ed		03	Banking, finance, credit and	19	Housing, construction, codes		
~		K	Sea			investments	20	Insurance (excluding health		
U					04	Children, minors, youth, senior citizens	21	insurance)		
16	- {				05	Church and religion	21	Labor, salaries and wages, collective bargaining		
22	.				06	Consumer affairs	22	Law enforcement, courts,		
1.3	.				07	7.		judges, crimes, prisons		
21	-00	محنيا				conservation, zoning, land and water use	23 24	License, permits Liquor		
21.	gay	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			08	Education	25	Manufacturing, distribution and		
	V				09	Elections, campaigns, voting,		services		
					10	political parties Equal rights, civil rights,	26	Natural resources, forest and forest products, fisheries, mining		
					١	minority affairs	22	and mining products		
	İ				11	Government, financing, taxation, revenue, budget,	27 28	Public lands, parks, recreation Social insurance, unemployment		
						appropriations, bids, fees, funds		insurance, public assistance,		
					12	Government, county		workmen's compensation		
					13	Government, federal Government, municipal	29	Transportation, highways, streets and roads		
	ĺ				15	Government, special districts	30	Utilities, communications,		
					16	Government, state		televisions, radio, newspaper,		
					-		31	power, CATV, gas Other (please specify)		
							31	Other (please specify)		
					/		7	///		
					/	() = X = X	+	- 15/05		
						Lobbyist signature	7	Date		
					İ					
						Employer No. 1 signature		Date		
						Employer No. 2 signature		Date		
CERTIFICATION: I hereby certify that the above is a true, complete and						Employer No. 3 signature		Date		
correct statement in accordance with Section 67-6624 Idaho Code.					J	Employer No. 4 signature		Date		